PRINTED: 07/26/2010 FORM APPROVED

Dureau	or riealth Care Quali	ty and Compilance					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL (DENTIFICATION N			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
AIV/52007A/5		NVS3907AGZ		B. WING		С	
NAME OF F	ROVIDER OR SUPPLIER	14499301MOT	STORETAD	DECE CITY	STATE, ZIP CODE	07/1	5/2010
MAINE OF F	NOVICEN ON SUPPLIEN			UFORT CI			
	BASKET		N LAS VE	GAS, NV			
(X4) ID PREFIX YAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOTO CROSS-REFERENCED TO THE APPROPRIES OF THE APPROVINCE OF THE APPROVINCE OF T	ULD BE	(X5) COMPLETE DATE
Y 878				Y 878	1.Resident #4 received his medication on 7/13/10 as per Exhibit while exhibits "C"& "D" show to dispensation and his glucose reaches.	"B"; heir	
	Based on interview and 7/15/10, the fac residents, who rece their prescribed me-	not met as evidence and record review o cility failed to ensure ived medications, ha dications available in ation (Resident #1, i	n 7/14/10 4 of 6 ad all of the		Resident # 3 received her medic on 7/15/10 as per exhibit # 3; whi resident # 2 received his medica on 7/13/10 as per exhibit # F and dispensed per exhibit # G; Reside received her multivitamin on 7/2, and continues to receive her med as per exhibits H & I	ile itions l ent #1 3/10	
1	Employee #1 acknowledged that Resident #1, #2, #3 and #4 missed the administration of some of their medications in June and July 2010. Employee #1 added, "These residents received their medications from a mail order pharmacy and sometimes the refills did not arrive on time." Review of Resident #4's medication				2. The CIC has been given strict of to put more attention to medicate Management and that there shou no recurrence of the "July" incid. The rest of the staff are likewise to be very conscious and alert to tissue.	on ld be ents. enioined	
	administration record 2.5 mg was not adm	d (MAR) revealed Grinistered from 6/20/also indicated Lisinon was not administered 2/10 to 6/13/10 and cose during the time dried his medication from mg/dl. cose during the time or receive his medicaras 142.5 mg/dl. dropped from 168 ml on 7/13/10 and 127 sident #4 received his lays.	20 to oril 20 ed to on m 6/1/10 tion from ng/dl on mg/dl is		 3. The Administrator will put motion on this matter and will be resfor its compliance. 4. Sept. 1, 2010 	re atten- ponsible	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

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If continuation sheet 2 of 4



TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NWS3907AGZ NAME OF PROVIDER OR SUPPLIER WICKER BASKET STREET ADDRESS, CITY, STATE, ZIP CODE 322 BEAUFORT CT NLAS VEGAS, NY 89032 Y 878 CONDUCTORY OR SUPPLIER TAG SUMMAY STATEMENT OF DEFICIENCIES BEACH DEFICIENCY SUBSTITUTION (EACH DEFICIENCY SUBSTITUTION OR SUBSTI	Bureau	of Health Care Qual	ity and Compliance	110000110			T GIAW	I ME FINOVEO	
MICKER BASKET STREET ADDRESS, CITY, STATE, ZIP CODE 3020 BEAUPFORT CT ALLAS VEGAS, NY 80032 PROVIDER'S FLAM OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFEX TAG Continued From page 2 Glyburide. Review of Resident #3's MAR indicated Zolpidem Tartrate 10 mg 1 tablet daily was not sleeping well when her Zolpidem Tartrate 40 (Amblen) was not administered. Employee #3 added, "With the medication she sleeps all night, without the medication she sleeps all night, without the medication she sleeps all stated she slept all night. Resident #3's stated she slept all night. Resident #3's abated she slept all night. Resident #3's appeared confused and had difficulty answering questions. Review of Resident #2's MAR indicated Omegrazole 20 milligrams (mg) 1 capsule daily was not administered from 7/9/10 to 7/14/10. Galanthamine Hydrochlorothiazide, 1 capsule daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 8/04/04/04/04/04/04/04/04/04/04/04/04/04/	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION N			A BUILDING		- COMPL	COMPLETED		
MICKER BASKET 3020 BEAUFORT CT N LAS VEGAS, NV 880032	NAME OF B	DOMESTE AN AURROUGE	W-000017402	STREET AD	DEEEE OFF		1 0//	13/2010	
OWI ID SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST OF PRECEDED BY PILL RECOLLATORY OR LSC IDENTIFYING INFORMATION) Y 878 Continued From page 2 Gly buride. Review of Resident #3's MAR indicated Zolpidem Tartrate 10 mg 1 tablet dially was not administered from 77:1/10 to 77:14/10. Employee #3, on 77:14/10, reported Resident #3's Mas not sleeping well when her Zolpidem Tartrate (Ambien) was not administered from 77:1/10 to 77:14/10. Salanthamine Hydrochlorothiazide, 1 capsule dially was not sated and salar flatient was not administered from 79:10 to 77:14/10. Galanthamine Hydrochlorothiazide, 1 capsule dially was not administered from 79:10 to 77:14/10. Calanthamine Hydrochlorothiazide, 1 capsule dially was not administered from 79:10 to 77:14/10. Pravastatin 40 mg 1 tablet dially was not administered from 77:1/10 to 77:14/10. Pravastatin 40 mg 1 tablet dially was not administered from 77:1/10 to 77:14/10. Pravastatin 40 mg 1 tablet dially was not administered from 77:1/10 to 77:14/10. Resident #2 stated he did not know what medications. Resident #2 stated he did not know what medications. Resident #2 stated he did not know what medications has taking, but he felt ckay and he had been fino for the past 2 weeks. Resident #2; date of birth 30:30:50, was younger than the other residents in the facility and appeared stable. Employee #3 concurred with this assessment. Review of the Resident #1's June 2010 MAR revealed Multivitamin-TabA Vit. 1 tablet dially, was not administered from 6/1/10 to 6/30/10. Employee #1 acknowledged Resident #1 failer									
PRÉFEX TAG REGULATORY OR LISC IDENTIFYING IMFORMATION) Y 878 Continued From page 2 Glyburide. Review of Resident #3's MAR indicated Zolpidem Tartrate 10 mg 1 tablet daily was not administered from 71/1/10 to 71/4/10. Employee #3 added, "With the medications she was taking or any she had missed. Resident #3's stated she slept all night. without the medication she sleeps all night, without the medication she sleeps all night, without the medication she sleeps all night, without the medication she sleeps all night. #3 stated she did not know of any medications she was taking or any she had missed. Resident #3 appeared confused and had difficulty answering questions. Review of Resident #2's MAR indicated Omeprazole 20 milligrams (mg) 1 capsule daily was not administered from 7/9/10 to 7/14/10. Galanthamine Hydrochlorothiazide, 1 capsule daily was not administered from 7/9/10 to 7/14/10. Provastatin 40 mg 1 tablet daily was not administered from 7/9/10 to 7/14/10. Employee #1 commented that Resident #2 bad no ill effects of not receiving his medications. Resident #2 stated he did not know what medications he was taking, but he felt okay and he had been fino for the past 2 weeks, Resident #2, date of birth 3/30/50, was younger than the other residents in the facility and appeared stable. Employee #3 concurred with this assessment. Review of the Resident #1's June 2010 MAR revealed Multivitamin-Tab-A Vit. 1 tablet daily, was not administered from 6/1/10 to 6/30/10. Employee #1 acknowledged Resident #1 failed	WICKER	BASKET							
Glyburide. Review of Resident #3's MAR indicated Zolpidem Tartrate 10 mg 1 tablet daily was not administered from 7/1/10 to 7/14/10. Employee #3, on 7/14/10, reported Resident #3 was not sleeping well when her Zolpidem Tartrate (Amblen) was not administered. Employee #3 added, "With the medication she sleeps all night, without the medication she sleeps all night, without the medication she sleeps all night, without the medication she gets up several times during the night, but stays in her room." Resident #3 stated she did not know of any medications she was taking or any she had missed. Resident #3's ataled she slept all night. Resident #3's appeared confused and had difficulty answering questions. Review of Resident #2's MAR indicated Omeprazole 20 milligrams (mg) 1 capsule daily was not administered from 7/9/10 to 7/14/10. Galanthamine Hydrochlorothazide, 1 capsule daily was not administered from 7/9/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/1/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/1/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/1/10 to 7/14/10. Pravastatin 40 mg 1 tablet daily was not administered from 7/1/10 to 7/14/10. Employee #1 commented that Resident #2 had no ill effects of not receiving his medications. Resident #2 stated he did not know what medications he was taking, but he felt okay and he had been fino for the past 2 weeks. Resident #2, date of birth 3/30/50, was younger than the other residents in the facility and appeared stable. Employee #3 concurred with this assessment. Review of the Resident #1's June 2010 MAR revealed Multivitamin-Tab-A Vit. 1 tablet daily, was not administered from 6/1/10 to 6/30/10. Employee #1 acknowledged Resident #1 failed	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE		
to receive her multivitamin medication during the month of June 2010. Employee #3 reported Resident #1 had no ill effects for this missed		Glyburide. Review of Resident Zolpidem Tartrate of administered from #3, on 7/14/10, repsleeping well when (Ambien) was not added, "With the mwithout the medicated during the night, but #3 stated she did not she was taking or at #3 stated she slept appeared confused questions. Review of Resident Omeprazole 20 mills was not administered Galanthamine Hydrodaily was not administered Galanthamine Hydrodaily was not administered from 7 #1 commented that effects of not received Resident #2 stated it medications he was he had been fine for #2, date of birth 3/30 other residents in the stable. Employee #3 assessment. Review of the Residerevealed Multivitam was not administered Employee #1 acknown or receive her multivitanth of June 2010.	t #3's MAR indicated to mg 1 tablet daily v 7/1/10 to 7/14/10. En ported Resident #3 wher Zolpidem Tartral administered. Employedication she sleeps ion she gets up sevent stays in her room." It know of any medicing she had missed. All night. Resident # and had difficulty and had difficulty and had difficulty and #2's MAR indicated igrams (mg) 1 capsured from 7/9/10 to 7/14/10. En tablet daily was not 1/1/10 to 7/14/10. En Resident #2 had no ing his medications. The did not know what taking, but he felt ok the past 2 weeks. Resident #1 was younger the facility and appeared concurred with this ent #1's June 2010 Min-Tab-A Vit. 1 tablet difform 6/1/10 to 6/30 wiedged Resident #1 itamin medication du Employee #3 report	was not imployee as not te as night, and times Resident ations Resident as wering alle daily 4/10. In the as as and esident and the as as	Y 878				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after reculpt of this statement of deficiencies.

If continuation sheet 3 of 4



AND PLAN OF CORRECTION IDENTIFICATION NUMBER: NVS3907AGZ		B. WING	(22) MULTIPLE CONSYRUCTION A. BUILDING B. WING		C 07/15/2010	
NAME OF PROVIDER OR SUPPLIER WICKER BASKET	3020 N LAS	YADDRESS, CITY, S' BEAUFORT CT S VEGAS, NV 89				
PRÉFIX (EACH DEFICIENCY	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE	
Y 878 Continued From parent medication. Severity: 3 Scope		Y 878				

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If continuation sheet 4 of 4

AUG 3 1 2010

EUREAU OF LICENSURE AND CERTIFICATION: LAS VEGAS, NEVADA